

APPENDIX E

Field and Data Entry Worksheets

Examples of worksheets for Chain of Custody sheets (2 pages) and recording analytical results used by the City of Los Angeles' Environmental Monitoring Division are provided herein. They include shoreline beach observations, Chromogenic Substrate data entry, and Membrane Filtration data entry. Once completed, data are then entered into the LIMS database.

Date: _____



Department of Public Works
Bureau of Sanitation
Environmental Monitoring Division

Sample Chain of Custody

EMD
LIMS #: _____

EMD Sample ID: _____
Project Name: _____

Sampling Information:	
Sampling Agency: _____	Sampling Program: _____
Agency Sample ID#: _____	
Phone Number: _____	
Fax Number: _____	Purpose of program: _____
Contact Person: _____	
email address: _____	Report Time Frame: _____
Sampler's Name: _____	
Sampler's Title: _____	
Sampler's Signature: _____	
Witness: Name _____	Sample Date: _____
Title _____	
Name _____	Sampling Time: _____
Title _____	
Sample Location: _____	Sampling Address: _____

Requested Analysis:	Metals: <input type="checkbox"/>	Micro Biological: <input type="checkbox"/>
	Organics: <input type="checkbox"/>	Toxicity: <input type="checkbox"/>
	Conventional Chemistry: <input type="checkbox"/>	Air Testing: <input type="checkbox"/>

See back of page for specifics analyses

Sample Notification:

PC: _____ Date: _____ Toxicity: _____ Date: _____
Wet: _____ Date: _____ Metals: _____ Date: _____
Micro: _____ Date: _____ Semi-Vol: _____ Date: _____
Volatile: _____ Date: _____

Current Holder Name	Signature	Title	Received Date	Received Time	Released Date

Analysis to be performed on the Sample(s):

EMD

LIMS #: _____

Locator: _____	Collection Time: _____	Locator: _____	Collection Time: _____
-1 _____	_____	-6 _____	_____
-2 _____	_____	-7 _____	_____
-3 _____	_____	-8 _____	_____
-4 _____	_____	-9 _____	_____
-5 _____	_____	-10 _____	_____

Sample Information:	Liquid: <input type="checkbox"/>	Solid: <input type="checkbox"/>	Other: <input type="checkbox"/>	Temperature _____
Grab <input type="checkbox"/>	Composite: <input type="checkbox"/>	Start time: _____		Finish time: _____
Container: _____	Glass <input type="checkbox"/>	Size: _____	Color: _____	Number: _____
	Plastic <input type="checkbox"/>	Size: _____	Color: _____	Number: _____
Preservative <input type="checkbox"/>	Number of samples: _____		Residual Cl2 _____	

Metals:		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ag	<input type="checkbox"/> Cu	<input type="checkbox"/> Pb
<input type="checkbox"/> Al	<input type="checkbox"/> Fe	<input type="checkbox"/> Sb
<input type="checkbox"/> As	<input type="checkbox"/> Hg	<input type="checkbox"/> Se
<input type="checkbox"/> Ba	<input type="checkbox"/> K	<input type="checkbox"/> Sn
<input type="checkbox"/> Be	<input type="checkbox"/> Mg	<input type="checkbox"/> Sr
<input type="checkbox"/> 85 Ca	<input type="checkbox"/> Mn	<input type="checkbox"/> Ti
<input type="checkbox"/> Cd	<input type="checkbox"/> Mo	<input type="checkbox"/> V
<input type="checkbox"/> Co	<input type="checkbox"/> Na	<input type="checkbox"/> Zn
<input type="checkbox"/> Cr	<input type="checkbox"/> Ni	
		<input type="checkbox"/> Total
		<input type="checkbox"/> Dissolved

Organics:	<input type="checkbox"/> VOC	<input type="checkbox"/> Pesticides/PCB	<input type="checkbox"/> Clopyralid	<input type="checkbox"/> Air VOC
	<input type="checkbox"/> BNA	<input type="checkbox"/> Dioxin - screen	<input type="checkbox"/> Dioxin - low resolution	<input type="checkbox"/> Fixed Gases
	<input type="checkbox"/> TOX	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Dioxin - high resolution	<input type="checkbox"/> GC Sulfur
	<input type="checkbox"/> Herbicides		<input type="checkbox"/> Tributyltin	<input type="checkbox"/> Siloxanes

Conventional Chemical:	<input type="checkbox"/> MBAS	<input type="checkbox"/> Solids:
<input type="checkbox"/> Alkalinity	<input type="checkbox"/> Nitrogen:	<input type="checkbox"/> Total Solids
<input type="checkbox"/> BOD	<input type="checkbox"/> Ammonia Nitrogen	<input type="checkbox"/> Total Dissolved Solids
<input type="checkbox"/> Boron	<input type="checkbox"/> Nitrate-N	<input type="checkbox"/> Total Suspended Solids
<input type="checkbox"/> Chloride	<input type="checkbox"/> Nitrite-N	<input type="checkbox"/> Settleable Solids
<input type="checkbox"/> COD	<input type="checkbox"/> Organic-N	<input type="checkbox"/> Volatile Suspended Solids
<input type="checkbox"/> Conductivity	<input type="checkbox"/> Kjeldahl Nitrogen	<input type="checkbox"/> Volatile Total Solids
<input type="checkbox"/> Cyanide (Free)	<input type="checkbox"/> Oil & Grease	<input type="checkbox"/> Sulfates
<input type="checkbox"/> Cyanide (Total)	<input type="checkbox"/> pH	<input type="checkbox"/> Sulfides, Total
<input type="checkbox"/> Flashpoint	<input type="checkbox"/> Phenols	<input type="checkbox"/> Sulfides, Dissolved
<input type="checkbox"/> Fluoride	<input type="checkbox"/> Phosphate, Total	<input type="checkbox"/> Thiosulfate
<input type="checkbox"/> Grain Size	<input type="checkbox"/> Phosphate, Dissolved	<input type="checkbox"/> TOC
<input type="checkbox"/> Hardness	<input type="checkbox"/> Radioactivity	<input type="checkbox"/> Turbidity
<input type="checkbox"/> Hexavalent Chromium	<input type="checkbox"/> Salinity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> H ₂ S		

Biological:	<input type="checkbox"/> Salmonella	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Total Coliform	<input type="checkbox"/> Acute Toxicity (Fresh water)	
<input type="checkbox"/> Fecal Coliform	<input type="checkbox"/> Chronic Toxicity (Sea water)	
<input type="checkbox"/> E. coli	<input type="checkbox"/> Chronic Toxicity (Fresh water)	
<input type="checkbox"/> Enterococcus		

Remarks: _____

Date: _____

Environmental Monitoring Division

Read by: _____ Time: _____

Microbiology Group

Validated: _____

TOTAL

SHORELINE QUANTITRAY COUNTS

Station	S01	S02	S03	S04	S05	S06	S07	S08	S09	Blank	Dup
10 ml											
Large cells											
Small cells											
Blank 100 mL										Blank	
Large Cells											
Small Cells											

E. coli

Station	S01	S02	S03	S04	S05	S06	S07	S08	S09	Blank	Dup
10 ml											
Large cells											
Small cells											
Blank 100 mL										Blank	
Large Cells											
Small Cells											

Date: _____ SHE

ENVIRONMENTAL MONITORING DIVISION
MICROBIOLOGY UNIT

Entered by: 1: _____ 2: _____
Validated by: _____

SHORELINE BACTERIAL DENSITIES

ENTEROCOCCUS

Read by: _____ Time: _____

VOL. (mL)	01	02	03	04	05	06	07	08	09	DUP
10										
50										
100										

ENTERO/100 mL

VOL. (mL)	10	11	12	13	14	15	16	17	18	DUP
10										
50										
100										

ENTERO/100 mL

SMBBB TMDL SOUTH BEACH OBSERVATION SHEET

DATE (Day/Month/Year):

SAMPLER NAME AND INITIAL:

HTP LOGIN #:

STATION ID	POINT ZERO SITES																STATION ID	OPEN BEACHES				
SAMPLE TIME																	SAMPLE TIME					
Beach Refuse																	Beach Refuse					
Ocean Debris																	Ocean Debris					
Seaweed																	Seaweed					
Tar																	Tar					
Rubber / Plastic Goods																	Rubber / Plastic Goods					
Plankton Color																	Plankton Color					
Dead Marine																	Dead Marine					
Sewage Grease																	Sewage Grease					
Sewage Susp. Solids																	Sewage Susp. Solids					
Odor																	Odor					
Oil																	Oil					
Foam																	Foam					
Bathers																	Bathers					
Animals / Birds																	Animals / Birds					
Storm Drain Flow																	Storm Drain Flow					
Storm Drain Position																	Storm Drain Position					
Tide Height*																	Tide Height*					
Reached Surf																	Reached Surf					
Reverse Flow																	Reverse Flow					
Conductivity (Reverse Flow only)																	Conductivity (Reverse Flow only)					

CODE	0	1	2	3	4	5	6	7
Reverse Flow	NO	YES						
Reached Surf	NO	YES						
Storm Drain Position	Buried in Sand	Submerged(Not Sampled)						
Storm Drain Flow	Dry	Ponded	Low Flow (garden Hose)	Medium flow (between 2 and 4)	Heavy flow (Fire Hose)			
Plankton Color		Brown	Green	Red	Yellow	Blue-Green		
Dead Marine		Fish	Jellyfish	Seal	Dolphin	Bird	Whale	Crab
Odor		Sewage	Oil	Chemical	Marine			
Foam		Some	Heavy					
Animals / Birds or Bathers (50 yards each direction)		1 to 5	5 to 10	10 to 20	20 to 50	50 to 100	> 100	

NOTE: DO NOT PUT YOURSELF AT RISK IN ORDER TO COMPLETE THIS FORM
COMMENTS:

WEDNESDAY (accelerated)										FRIDAY (accelerated)																																																																																					
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